Fast Facts

HealthPartners

JANUARY 2021

News for Providers from HealthPartners Provider Relations & Network Management

Administrative

Need eligibility? Verify coverage and benefits without waiting on hold

Use HealthPartners Provider Portal to get visit limits, policyholder information, coverage and benefit details, coverage criteria, formulary and more.

Helpful tips for using Provider Portal eligibility:

- The more information you enter in your search, the more specific your results. By including your provider name and even practitioner, the system can calculate the most specific benefit level.
- Did you know you can get more information clicking these links within the Eligibility application?
    - In the Coverage Details section:
        - View additional benefits – provides **many** more details on benefits like therapy visit limitations, dental service details, DME coverage and limitations
        - View coverage criteria – search by code, description, or scroll the alphabetic list of coverage policies specific to the member
        - View policyholder information – shows who the policyholder is for this coverage
        - View member's formulary – review the formulary specific to this member
        - View member card – see an image of the member's insurance card
    - In the list of benefits, look for notes on benefits that provide specific details by clicking the ⓘ icon next to a benefit
- Deductible/out-of-pocket amounts and when they apply to a benefit

INSIDE THIS ISSUE

These symbols provide more contextual information regarding accumulators:

Symbol key	
D	Deductible applies for this service
O	Out-of-pocket applies for this service
CY	Totals are based on calendar year accumulation
PY	Totals are based on plan year accumulation
N/A	Benefit is not applicable for this level
ⓘ	More information is available for this level by clicking on the info icon

GET AN ACCURATE ESTIMATE OF SERVICES!

You can get a real-time estimate for outpatient services using the Claim Estimator. The estimator applies the member's benefits, DD/OOP, and contracted rates to provide a detailed estimate of how a claim will be paid.

Access the Claim Estimator from your menu of applications or from within the Eligibility application's results with this button. Get an estimate

Log into HealthPartners Provider Portal to verify coverage and benefits and much more! **healthpartners.com/provider**

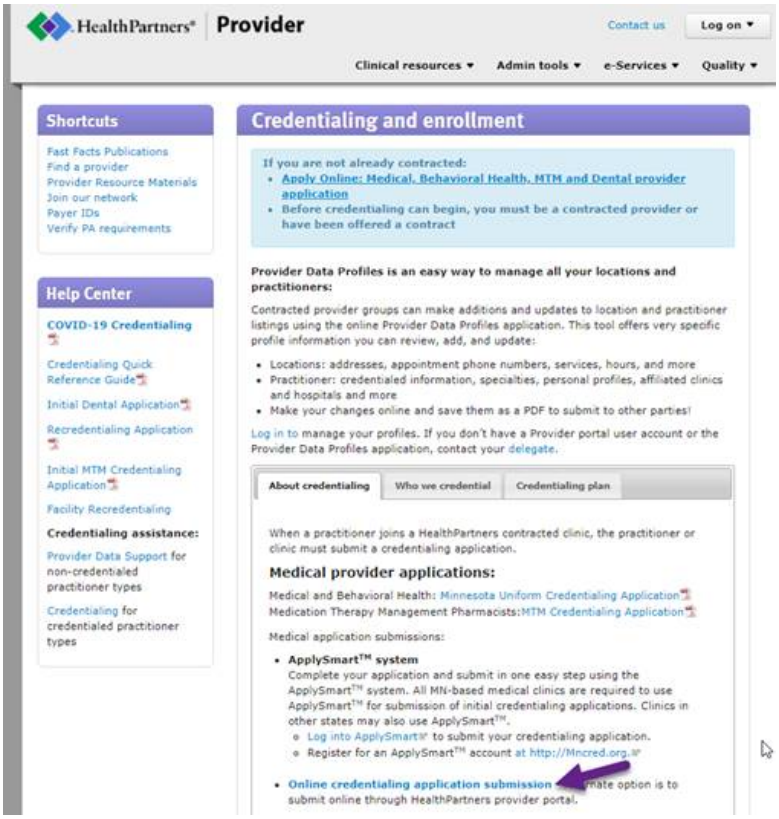
Start accessing eligibility and benefit information today.

Registration is simple! healthpartners.com/providerregistration

- Get instant access to data by using your Tax ID and a HealthPartners check issued to your NPI.
- No check? No problem! You can also register using our US Mail option to have a PIN mailed to you.

New option for submitting credentialing applications

Clinics are now able to submit initial or recredentialing applications securely through the HealthPartners Provider Portal (*no logon required*). The new form significantly improves processing time. This online form ensures data is complete and routes applications to the appropriate department. The form is available for both HealthPartners health plan and hospital recredentialing applications.



It's important to note – this does not replace ApplySmart. That is still our preferred method of application submission and is required for Minnesota clinics when submitting initial applications. All clinics that are not using ApplySmart should submit applications using this webpage.

There are three ways to get to the form:

- **healthpartners.com/credentialingsubmission**
- **Through the Provider Forms page:** *Admin Tools > Forms for providers > online credentialing submission for medical and MTM*
- **Through the Credentialing Page** *(healthpartners.com/credentialing)*

New prior authorization bill

HEALTHPARTNERS UTILIZATION MANAGEMENT

At HealthPartners we're committed to improving the utilization management experience for our members and providers, including successfully implementing Minnesota's new prior authorization bill.

To better support our providers, we are:

- Improving awareness of expectations
- Enhancing our provider portal
- Providing an easy way, using the **Verify PA tool**, to determine whether a prior authorization needs to be submitted
- Making it simple and easy to submit all necessary information with the initial request by streamlining **prior authorization submission forms**
- Reducing the need to request further information by leveraging what we already have available to us
- Partnering with experts in our provider groups and community to ensure best practice
- Providing transparency in **coverage policies** to all stakeholders
- Managing services at point of care when feasible, such as clinician decision support

We are making the following changes, as applicable,* to comply with the new prior authorization legislation:

Requirements	Previous law	New law effective 1/1/2021	Impact to providers	Resources and tools
Turnaround time (TAT) for standard review	10 business days	5 business days	It's critical that all supporting clinical information be submitted with initial request	• Streamlined and structured fillable pdf request forms • **Verify PA tool** *(healthpartners.com/verifyparequirements)* • Robust reconsideration process • Quick feedback regarding incomplete requests • Clear and concise **updated provider admin policies** o *Prior Authorization Review Process for Commercial Products* o *Prior Authorization Review Process for Medicare & Medicaid Products*
TAT for expedited review	72 hours	48 hours, including one business day		
Obtaining additional information	Extension of timeframe to obtain additional information	No extension of timeframes		
Adverse determination specialty reviewer	Licensed and knowledgeable	Same or similar specialty as typically treats or manages the condition	Will take additional time to send to external review	

** The new legislation applies to our Minnesota fully-insured plans along with some plans covering government employees. Contact your HealthPartners Service Specialist if you have questions.*

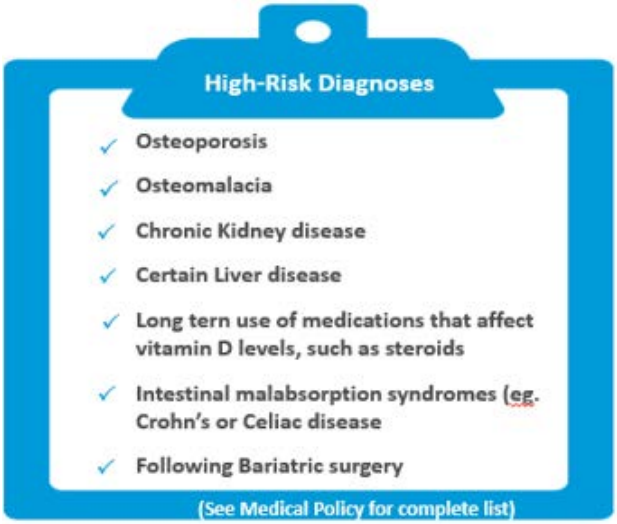
Our goal is to ensure our members have **timely and easy access** to needed, **evidence-based care**, within the **context of their benefit plan**, to support them in their **specific health journey**.

Vitamin D blood testing medical coverage policy

IMPORTANT REMINDER

Vitamin D blood testing using 25(OH) D or 1,25-OH(2) D is only covered for members with:

- certain diagnoses in higher risk patients where monitoring informs decisions for managing treatment or disease progression; and
- known/suspected excessive vitamin D blood levels.



Prior to ordering vitamin D serum testing, all participating network providers are required to complete the following steps to adhere to the medical coverage criteria policy.

STEP 1: Inform your patients when testing is being done for a diagnosis not in this policy.

STEP 2: Obtain a signed patient waiver acknowledging their specific diagnosis is not listed and therefore, they will be responsible for the cost of the testing.

You will find the full **Vitamin D medical policy** on our website.
(healthpartners.com/public/coverage-criteria/policy.html?contentid=ENTRY_210082)

IMPORTANT:

This policy is administered through our claims system. Any diagnoses that are not listed in the policy deny to patient liability.

FREQUENTLY ASKED QUESTIONS

When is 25-hydroxyvitamin D blood testing covered?

Vitamin D testing may be considered medically necessary and, therefore, covered only in patients with clinical diagnoses of one or more underlying diseases or conditions specifically associated with vitamin D deficiency or decreased bone density.

When is 25-hydroxyvitamin D blood testing not covered?

Vitamin D testing is considered not medically necessary and is not covered in the following situations:

- Routine testing or general population screening
- When ordered in response to a diagnosis NOT listed in the medical coverage criteria policy

What products does this affect?

This policy affects most, but not all, HealthPartners plans. These coverage criteria may not apply to Medicare products if Medicare requires different coverage. Please contact Member Services at **952-883-7979** or **1-800-233-9645** for a copy of a Medicare coverage policy or criteria.

Who does this policy apply to?

This policy applies to health plan members 18 years of age or greater.

How will my patient know when a vitamin D testing is covered or not?

- Tell your patient you are ordering a vitamin D test for their diagnosis that is not listed in the coverage criteria policy so they are aware it is their responsibility for the cost of the test.
- If you order testing for one of the diagnoses listed in the criteria policy, you may advise their test will be covered per regular benefits for their plan.

How will you determine coverage?

The member will be responsible for the cost of the test when claims are received with a diagnosis not listed in the coverage indications.

What if my patient has further questions about their responsibility for the cost of the test?

If your patient has further questions:

- Inform them of their "specific diagnosis" you are using to submit testing charges to the health plan.
- Direct them to call the Member Services number printed on their insurance card.

Skilled nursing facility reminders

RESOURCES FOR CLAIMS QUESTIONS

When your facility has a claim issue or concern:

- Our Provider Portal claims inquiry application may resolve your question.
- If the Provider Portal does not answer your claims questions, please contact the Claims Customer Service Team for Assistance.
    - Medicare and Minnesota Health Care Programs (Medicaid): **952-883-7699 / 888-663-6464**
    - Commercial: **952-967-6633 / 866-429-1474**

If there are unresolved questions or concerns, please reach out to your HealthPartners Service Specialist and, if needed, your Contract Manager who will be able to further investigate. Some facilities are reaching out directly to DHS with claims questions without first contacting HealthPartners to inquire about their concern. DHS is not able to replace the relationship between a network provider and the health plan to answer these types of questions. The best path for resolution is to follow the steps outlined above to contact HealthPartners so we can assist.

MEMBER SERVICES NURSE NAVIGATORS DIRECT NUMBER

Skilled nursing facility benefit questions? Just a quick reminder that you may reach the nurse navigators more quickly by calling their direct phone number **844-732-3544** to reduce hold times and call transfers you would have by calling the main Member Services number on the back of the member cards.

Prostate Specific Antigen (PSA) testing

Beginning January 1, 2021, we are updating our coverage of Prostate Specific Antigen (PSA) testing to align with United States Preventive Services Task Force (USPSTF) guidelines and required federal regulations. We will continue to cover PSA testing, only now it will be at the standard, non-preventive benefit which may result in member cost share.

Provider communication for diabetic nephropathy

First of all, thanks so much for your hard work in improving your diabetic optimal measures for HealthPartners patients – it's making a big difference.

We wanted to call out a couple of details of diabetic care that relate to our work together.

- For diabetic nephropathy, we have found that there has been less attention to testing for protein/albuminuria. There is good evidence that early identification of proteinuria is critical to help prevent progression of protein wasting nephropathy.
- Annual urine screening for proteinuria is recommended as part of best practice.
- Another important consideration in preventing diabetic nephropathy relates to antihypertensive choice. There is good evidence the ACE/ARB class of hypertensives are shown to not only be effective in controlling blood pressure, but also are renal protective and can delay nephropathy.

Thanks for your consideration in optimal diabetes care for diabetic nephropathy. It will continue to help both our senior patients and help ensure our care groups continue to perform successfully in the Medicare environment.

Tom von Sternberg, M.D.

Medical Policy updates – 1/1/2021

MEDICAL AND DURABLE MEDICAL EQUIPMENT (DME) & MEDICAL DENTAL COVERAGE POLICY

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at **healthpartners.com** *(path: Provider/Coverage Criteria).* Upon request, a paper version of revised and new policies can be mailed to clinic groups whose staff does not have Internet access. Providers may speak with a HealthPartners Medical Director if they have a question about a utilization management decision.

Coverage Policies	Comments / Changes
Vagus nerve stimulation (VNS)	Effective November 1, 2020, prior authorization is no longer required for VNS. VNS continues to be covered only for a diagnosis of epilepsy. VNS for any other diagnosis is considered experimental/investigational and will be denied to provider liability unless claim is submitted with a GA modifier.
Deep brain stimulation (DBS) and responsive neurostimulation (RNS) for neurological movement disorders	Effective November 1, 2020, prior authorization is no longer required for DBS/RNS. DBS/RNS continues to be covered only for a diagnosis of Parkinson's disease, primary dystonia, essential tremor or epilepsy. DBS/RNS for any other diagnosis is considered experimental/investigational and will be denied to provider liability unless claim is submitted with a GA modifier.
Genetic testing: Pharmacogenetics	Effective February 1, 2021, this coverage policy will be revised to include coverage of *G6PD* genotyping with prior authorization. *TCL1A* genotyping and pharmacogenetic test panels related to the selection or dose of medication therapy remain noncovered services.

Coverage Policies	Comments / Changes
Genetic testing: Neurological, growth, structural and sensory disorders	Effective March 1, 2021, this policy will replace the current Genetic Testing: Neurological Disorders and Genetic Testing: Connective Tissue Disorders coverage policies. • Pre-test genetic counseling is required when testing for disorders related to development, intellectual disability, congenital anomalies, seizures or other conditions. • New criteria added to policy for testing related to cerebral cavernous malformations, complete androgen insensitivity syndrome, malignant hyperthermia susceptibility and other specified disorders. • Genetic testing is not covered for congenital partial lipodystrophy, glaucoma, isolated nail dystrophy, narcolepsy, osteoporosis and sleepwalking.
Prophylactic mastectomy	Effective immediately, policy retired.
Eye surgery – refractive	Effective immediately, the prior authorization requirement for corneal collagen crosslinking is not applicable to MHCP members as it is a noncovered service for this patient population.
Inpatient care (formerly Inpatient – Mental Health)	Effective 3/1/21, concurrent review may be required for inpatient medical or behavioral health care admissions to determine if medical necessity criteria are met.

Effective immediately, the following topics no longer require prior authorization for members on Medicare plans:

- Airway clearance system/high frequency chest wall compression system
- Blepharoplasty, blepharoptosis repair and brow lift
- Cardiac event monitoring
- Deep brain stimulation
- Functional electrical stimulation (FES)
- Hospital beds
- Neuromuscular electrical stimulation (NMES)
- Spinal cord and implanted peripheral nerve stimulation
- Wheelchairs – mobility assistive equipment (includes manual wheelchairs, power wheelchairs and scooters)

Pharmacy Medical Policy updates

COMMERCIAL UPDATES

Coverage Policies	Comments / Changes
Botulinum toxin (Xeomin)	Updates to policy will expand coverage of Xeomin to allow coverage of Botox and Xeomin equally, effective February 1, 2021.
Nusinersen (Spinraza)	This medical policy has been updated. Previous therapy with risdiplam (Evrysdi) is not required.

FORMULARY UPDATES

Commercial Drug Formulary updates include:

- Dimethyl fumarate (Tecfidera) has been removed from the formulary and replaced with the equivalent generic, effective December 1, 2020.

Please see the HealthPartners Formulary for details and a complete list of updates **healthpartners.com/formularies**. For additional information, please contact **peter.s.marshall@healthpartners.com**.

Quarterly formulary updates and additional information such as Prior Authorization and Exception Forms, Specialty Pharmacy information, and Pharmacy and Therapeutics Committee policies are available at: **healthpartners.com/provider/admin tools/pharmacy policies**, including the **Drug Formularies**.

Pharmacy Customer Service is available to providers (physicians and pharmacies) 24 hours per day and 365 days per year.

- Fax – **952-853-8700** or **1-888-883-5434** Telephone – **952-883-5813** or **1-800-492-7259**
- HealthPartners Pharmacy Services, 8170 33rd Avenue South, PO Box 1309, Mpls, MN 55440

HealthPartners Customer Service is available from 8 AM - 6 PM Central Time, Monday through Friday, and 8 AM – 4 PM Saturday. After hours calls are answered by our Pharmacy Benefit Manager.

Make sure patients can find you

Patients are often seeking to connect with providers. For many, seeing a provider who shares their race, ethnicity or gender is important. This is true for many specialties, but we hear it particularly from those seeking behavioral health providers.

To ensure patients can easily find clinicians in your practice who meet their needs, please update your practice's information in our Provider Data Profile application.

Follow these quick and easy steps:

- Log in at **healthpartners.com/provider** using your username and password
- Click on **Provider Data Profiles**
- Make updates by clicking on **Edit Practitioner**, including race, country of origin and personal profile

If you need access to the Provider Data Profile application, contact your delegate (located in the help center after you log onto the portal).

Government programs

Reminder – Training requirement for providers

HEALTHPARTNERS MINNESOTA SENIOR HEALTH OPTIONS (MSHO) MODEL OF CARE 2021

The MSHO Model of Care provides a description of the management, procedures and operational systems that HealthPartners has in place to provide the access to services, coordination of care and structure needed to best provide services and care to our MSHO population. The training provides a general understanding of how a member would access the benefits provided through the MSHO Model of Care.

Annual training on the Model of Care is a Centers for Medicare and Medicaid Services (CMS) requirement for Special Needs Plans. The Model of Care contains the following components:

1. Description of the MSHO population
2. Care Coordination
3. MSHO Provider Network
4. MSHO Quality Measurement & Performance Improvement

The HealthPartners 2021 MSHO Model of Care Training PowerPoint can be accessed on the Provider Portal **MSHO Model of Care**, then scroll down to find the training. *(healthpartners.com/provider, scroll down to find the training)*

HealthPartners Medicare Plans 2021 Part C and D Star Ratings

In October the Centers for Medicare & Medicaid Services (CMS) published the 2021 Medicare Part C and D Star Ratings, which measure the quality of health and drug services received by members of Medicare Advantage, Cost and Prescription Drug plans. The ratings also include the experience of plan members in accessing and receiving care.

HealthPartners is extremely proud of our continued strong performance across all of our Medicare markets. We are a top-rated Medicare organization, achieving 4.5 or 5 out of 5 stars on all our Medicare plans. Out of more than 450 Medicare health plan contracts, only 28 received a 5-star rating for 2021. Our organization holds two of those contracts.

HealthPartners and HealthPartners UnityPoint Health would like to thank all our health care provider partners. Our Medicare plans are top rated due to your commitment to quality and service.

The purpose of the Medicare Part C and D Star Ratings system is to improve the quality care and general health status of Medicare beneficiaries. The rating system also allows beneficiaries to shop and compare plans each year on Medicare Plan Finder. Our high ratings are a signal of the quality care and treatment a member of our plan is able to receive.

Thank you for all that you do for our Medicare members!

HEALTHPARTNERS 2021 RESULTS BY CMS CONTRACT

Market	Product	CMS Contract	2021 Rating
MN	Minnesota Senior Health Options (MSHO) Medicare Advantage Dual Plan	H2422	5
MN/WI/ND/SD	Freedom (MN/WI), Sanford (ND/SD) Medicare Cost Plans	H2462	4.5
IA/IL	HealthPartners UnityPoint Health Medicare Advantage Plans	H3416	4.5
MN/WI	Journey (MN), Robin (WI) Medicare Advantage Plans	H4882	4.5
National	Retiree National Choice Part D Plan (Rx Only)	S1822	5

Link to CMS 2021 Part C and D Star Ratings Fact Sheet
(cms.gov/files/document/2021starratingsfactsheet-10-13-2020.pdf)

HealthPartners Minnesota Senior Health Options (MSHO) 2021 Supplemental Benefits

The MSHO plan provides comprehensive coverage for seniors covered by Medicare and Medical Assistance. HealthPartners also offers supplemental benefits to MSHO members. These benefits may change each year. Members can contact Member Services with questions about these and other benefits. The Supplemental Benefits for 2021 are as follows:

CARE & SUPPORT

- A tablet with education and wellness tools for members with diabetes, heart disease, cognitive impairment or depression*
- RideCare transportation to/from Silver&Fit health club, health and weight management classes, Alcoholics Anonymous or Narcotics Anonymous meetings
- Foot care visits
- Independent Living Skills*
- Home delivered meals
- Unlimited visits to virtuwell®, a 24/7 online medical clinic
- An animatronic cat that gives companionship and joy; lowers anxiety and loneliness*

SAFETY & PREVENTION

- Motion sensor night lights (2)
- Pedaler
- Readmission prevention
- In-home bathroom safety devices and installation
- Personal Emergency Response System (PERS)

DENTAL & VISION

- Adult fluoride
- Periodic exams
- Scaling and root planning
- Periodontal maintenance
- Additional coverage for root canals on molars
- Crowns coverage
- An electric toothbrush
- Eyeglasses tints and coatings

HEALTHY LIVING

- Weight management program
- Silver&Fit health club membership and at-home fitness kits
- Healthy aging and cooking classes
- Wearable activity tracker
- Pocket hearing amplifier

FOR MEMBERS WITH A COGNITIVE IMPAIRMENT DIAGNOSIS, LIKE DEMENTIA OR ALZHEIMER'S

- Caregiver support including coaching and counseling through family caregiver services, short-term respite care, psychotherapy and transportation to these services*
- Adult Day Services*

*Available to members with specific diagnoses who meet eligibility criteria.

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at **healthpartners.com/fastfacts**.

Fast Facts Editors: Mary Jones and David Ohmann